



United States Department of the Interior

NATIONAL PARK SERVICE
FORT McHENRY NATIONAL MONUMENT AND
HISTORIC SHRINE
BALTIMORE, MARYLAND 21230-5393

IN REPLY REFER TO:

(410)962-4290 fax (410)962-2500

F5419

Dear Fee Waiver Applicant:

Thank you for requesting an educational fee waiver for your group's visit to Fort McHenry National Monument and Historic Shrine. Federal regulations allow fee waivers for educational groups if it is determined that the proposed visit is for **educational purposes and related to your current curriculum.**

Enclosed you will find a copy of Fort McHenry's fee waiver application. Please fill out the application and return it **with the following documentation:**

- 1. Official recognition as an educational institution.** This can be proved by showing tax exempt status or by submitting other documentation on official school letterhead.
- 2. A statement as to the purpose of the proposed visit.** A general statement to the effect that the visit is for "educational purposes" is no longer sufficient. An explanation of **what** the educational purpose entails and **how** it relates to park resources is required. **Please attach a lesson plan or a class outline providing details.** Failure to provide adequate and definitive documentation can result in denial of the waiver request.

Please send all information to the attention of Fee Waiver Coordinator, Fort McHenry NM & HS, East Fort Avenue, Baltimore, MD 21230-5393. Your request will be reviewed, and the waiver application will be sent to you once it is approved or denied.

It is the applicant's responsibility to make sure the fee waiver application is postmarked at least 3 weeks before the scheduled visit. Any group visiting without an approved fee waiver will be charged the \$5.00 per adult entrance fee.

Sincerely,

Laura E. Joss
Laura E. Joss
Superintendent

Enclosure



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APPLICATION FOR WAIVER OF FEES FOR EDUCATIONAL STUDY

Please Print Contact name

School name

Address

City/State/Zip

Date of Scheduled Visit _____

Number of students in group _____

Number of Adults (17 years of age and older) _____

It is requested that you bring with you one adult for every 10 children to serve as chaperons. If this waiver is approved, you will be allowed one free adult for each student. Any adults brought outside of the approved number will be charged the \$5.00 per adult entrance fee.

I understand that I must apply for the entrance fees to be waived. This trip is sanctioned by the school as an official school outing or field trip for educational purposes, and all students will constantly be under the direction of school personnel.

(Signature) (Title)

(Telephone number)

NOTE: THE APPLICANT IS RESPONSIBLE FOR MAKING SURE THE WAIVER APPLICATION IS POSTMARKED AT LEAST 3 WEEKS PRIOR TO THE SCHEDULED VISIT. When approved, this form will be returned to you. Please check in at the Visitor Center desk upon arrival.

A GROUP ARRIVING WITHOUT AN APPROVED WAIVER ON FILE WILL BE CHARGED THE \$5.00 PER ADULT ENTRANCE FEE.

REQUEST FOR FEE WAIVER: APPROVED _____ DENIED _____

NATIONAL PARK SERVICE APPROVAL (THIS FORM MUST BE SIGNED TO BE VALID)

(Signature) (Date) SUPERVISORY PARK RANGER
(Title)